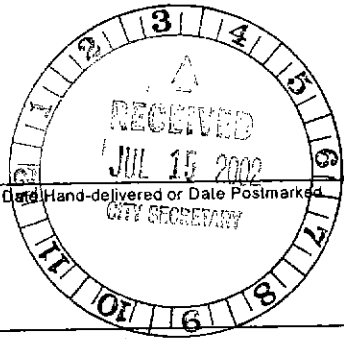
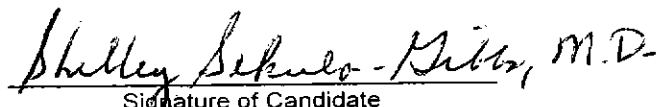


**AMENDMENT: APPOINTMENT OF A
CAMPAIGN TREASURER BY A CANDIDATE****FORM ACTA****PG 1**

1 CANDIDATE NAME Shelley Sekula- Rodriguez, MD		2 ACCOUNT #		3 Total pages filed:		
See ACTA INSTRUCTION GUIDE for detailed instructions. Use this form for changes to existing information <i>only</i> . Do not provide information previously disclosed.						
4 CANDIDATE NAME	NEW	TITLE	FIRST	MI	OFFICE USE ONLY Date Received  Date Hand-delivered or Date Postmarked Date Processed Date Imaged	
			Shelley			
5 CANDIDATE MAILING ADDRESS	NEW	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
6 CANDIDATE PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION		
			()			
7 OFFICE HELD (if any)	NEW					
8 OFFICE SOUGHT (if known)	NEW					
9 CAMPAIGN TREASURER NAME	NEW	TITLE	FIRST	MI	NICKNAME	LAST SUFFIX
10 CAMPAIGN TREASURER ADDRESS (Residence or business)	NEW	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE; ZIP CODE
11 CAMPAIGN TREASURER PHONE	NEW	AREA CODE	PHONE NUMBER	EXTENSION		
			()			
12 CANDIDATE SIGNATURE	The information provided on this form is accurate and complete.  Signature of Candidate					

GO TO PAGE 2



CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE FIRST MI
Shelley
NICKNAME LAST SUFFIX
Sekula-Gibbs MD

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

CITY SECRETARY

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
14222 Gulf View Trail
Houston, TX 77059

☐ Change of Address

5 CAMPAIGN
TREASURER
NAME

TITLE FIRST MI
Graciela
NICKNAME LAST SUFFIX
Saenz

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
440 Louisiana, Ste. 200
Houston, TX 77002

7 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(713) 650-2737

8 REPORT TYPE

☐ January 15 ☐ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (officeholder only)
☒ July 15 ☐ 8th day before election ☐ Exceeded \$500 limit ☐ Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month Day Year Month Day Year
1 / 1 / 02 THROUGH 6 / 30 / 02

10 ELECTION

ELECTION DATE Month Day Year
/ /
ELECTION TYPE
☐ Primary ☐ Runoff ☐ General ☐ Special

11 OFFICE

OFFICE HELD (if any) OFFICE SOUGHT (if known)
Houston City Council, At Large #3

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Shelley Sekula-Gibbs, MD

15 ACCOUNT # (Ethics Commission filers)

16 SUPPORTING
POLITICAL
COMMITTEE(S)

** This listing includes political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 40,906.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

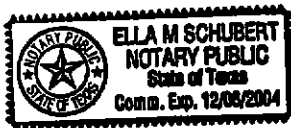
\$ 38,683.55

OUTSTANDING
LOAN TOTALS

5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$

19 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Shelley Sekula-Gibbs, MD
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Shelley Sekula-Gibbs, MD this the 10th day of July, 20 02, to certify which, witness my hand and seal of office.

Ella M. Schubert
Signature of officer administering oath

Ella M. Schubert
Printed name of officer administering oath

Notary public
Title of officer administering oath

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-2-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sharon S. Peterson	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC David F. Martinez	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Continental Airlines PAC	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-8-2002	Full name of contributor <input type="checkbox"/> out of state PAC Stanford Alexander	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-9-2002	Full name of contributor <input type="checkbox"/> out of state PAC Guy Clifton	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-9-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sherree Phillips	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-10-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sam Barbar	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-10-2002	Full name of contributor <input type="checkbox"/> out of state PAC Roy Hearnberger	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

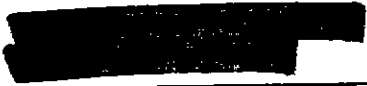
Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC Locke Liddell & Sapp LLP	Amount of contribution (\$) \$2,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jafar Farnam	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

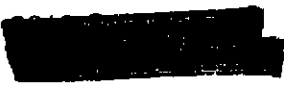
SCHEDULE A1
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC J.A. Elkins, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC Hermes Reed Architects PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-14-2002	Full name of contributor <input type="checkbox"/> out of state PAC H-Car PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sandy Oden	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Lela Milas	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Gloria Wong	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Christine Howland	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Elizabeth Harris Stephens	Amount of contribution (\$) \$25.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

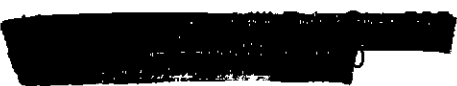
Date 1-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ruby Cubley	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-17-2002	Full name of contributor <input type="checkbox"/> out of state PAC Halliburton Company PAC	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

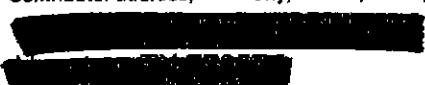
**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**


SCHEDULE A1
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-17-2002	Full name of contributor <input type="checkbox"/> out of state PAC Linebarger, Heard, Goggan, Blair, Graham, Peña & Sampson, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-20-2002	Full name of contributor <input type="checkbox"/> out of state PAC Chris Claunch	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-20-2002	Full name of contributor <input type="checkbox"/> out of state PAC Terry Cheng	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-20-2002	Full name of contributor <input type="checkbox"/> out of state PAC Cathy Jankovic	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC S. Mohamed Hosain	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC Larry Barfield	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ned Holmes	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Wilson	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC Texas Weston PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC Lewis E. Foxhall	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-23-2002	Full name of contributor <input type="checkbox"/> out of state PAC Gene Locke	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-23-2002	Full name of contributor <input type="checkbox"/> out of state PAC Roland Garcia Jr.	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC V.N. Vijayvergiya	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC John Crooker, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jon Strange	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Edward M. Shapiro, MD	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mark Boyer	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Robert C.C. Lin	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Trent Slovak	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Outdoor PAC	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Bobby Singh	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ronald Nielsen	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC CDM PAC	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC H. Prasad Kolluru	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Gerald Brady	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**


SCHEDULE A1
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Wayne Klotz	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Johnstone	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jeff Ross	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ed White	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Dannenbaum	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-24-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ebi Nassiri	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jim Reinhartsen	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-25-2002	Full name of contributor <input type="checkbox"/> out of state PAC James Russ	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Waste Management PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC J.A. Elkins, Jr.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 1-30-2002	Full name of contributor <input type="checkbox"/> out of state PAC David Mahaffay	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-30-2002	Full name of contributor <input type="checkbox"/> out of state PAC Houston Associated General Contractors PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 1-30-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mike Garver	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Elizabeth Nixon	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Bracewell & Patterson Committee	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.

Total pages this Schedule A1: 21

FILER NAME: Shelley Sekula Gibbs, MD

ACCOUNT # (Ethics Commission filers)

Date 2-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mrs. Dennis Klein	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-6-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dick Gay	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-7-2002	Full name of contributor <input type="checkbox"/> out of state PAC Texas Coalition for Good Government	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-9-2002	Full name of contributor <input type="checkbox"/> out of state PAC Charles Gooden	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC Stephen Fraga	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 2-18-2002	Full name of contributor <input type="checkbox"/> out of state PAC Kenneth Ulmer	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-18-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dudley Smith	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-18-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jeanette Rash	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC Richard Weekley	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 2-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Sheryl Lane	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 3-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ann Lents	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-1-2002	Full name of contributor <input type="checkbox"/> out of state PAC Max Watson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC R.L. Johnson	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 3-16-2002	Full name of contributor <input type="checkbox"/> out of state PAC John Crooker, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 3-17-2002	Full name of contributor <input type="checkbox"/> out of state PAC Leonard H. Goldberg, MD	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**


SCHEDULE A1
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 3-18-2002	Full name of contributor <input type="checkbox"/> out of state PAC Mary Helmreich	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-18-2002	Full name of contributor <input type="checkbox"/> out of state PAC Helen Hodges	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-19-2002	Full name of contributor <input type="checkbox"/> out of state PAC Ali Davari	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-20-2002	Full name of contributor <input type="checkbox"/> out of state PAC Bobbi McIntosh	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-21-2002	Full name of contributor <input type="checkbox"/> out of state PAC Linebarger Goggan Blair Pena & Sampson, LLP	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 3-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC CEMEX, Inc. Employees PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-22-2002	Full name of contributor <input type="checkbox"/> out of state PAC Becky McCullough	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-23-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dr. Carlos Hamilton, Jr.	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Alice Aanstoos	Amount of contribution (\$) \$50.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Zinetta Burney	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

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FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Dorothy Caram	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Darryl Carter	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Odis Cobb	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Cynthia Kelsch	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Julane Knobil	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	


**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**


SCHEDULE A1
(FOR FORMS C/OH & SPAC)


The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC PAC of Winstead, Sechrest & Micick	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Vidal Martinez	Amount of contribution (\$) \$331.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Linda McDonough	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC John Palmer, Jr.	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Andrew Strong	Amount of contribution (\$) \$150.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code 		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

The Instruction Guide explains how to complete this form.	Total pages this Schedule A1: 21
FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 3-26-2002	Full name of contributor <input type="checkbox"/> out of state PAC Orlando Teran	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-27-2002	Full name of contributor <input type="checkbox"/> out of state PAC John P. McGovern, M.D.	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jane Page	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 3-28-2002	Full name of contributor <input type="checkbox"/> out of state PAC C. Richard Stanley	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-2-2002	Full name of contributor <input type="checkbox"/> out of state PAC Hermes Reed Architects PAC	Amount of contribution (\$) \$250.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

SCHEDULE A1
(FOR FORMS C/OH & SPAC)

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FILER NAME: Shelley Sekula Gibbs, MD	ACCOUNT # (Ethics Commission filers)

Date 4-3-2002	Full name of contributor <input type="checkbox"/> out of state PAC Jay Marks	Amount of contribution (\$) \$200.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Joseph Biederman	Amount of contribution (\$) \$100.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

Date 4-4-2002	Full name of contributor <input type="checkbox"/> out of state PAC Charles Fenner, MD	Amount of contribution (\$) \$500.00	In-kind contribution description (if available)
	Contributor address; City; State; Zip Code [REDACTED]		
Principal occupation (Optional)		Employer (Optional)	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 1/5/02	Payee name Dennis Calabrese 5100 Westheimer, Suite 200 Houston, TX 77056	Payee address Amount (\$) \$2,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 1/5/02	Payee name Quantum Consultants PO Box 2405 Houston, TX 77252-2405	Payee address Amount (\$) \$2,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 1/5/02	Payee name Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079	Payee address Amount (\$) \$96.05
Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 1/29/02	Payee name Latina PAC PO Box 3746 Houston, TX 77253-3746	Payee address Amount (\$) \$85.00
Purpose of expenditure (See instructions regarding type of information required.) Luncheon expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 1/29/02	Payee name Daughter of Liberty Republican Women c/o JoAnn Carpenter 9999 Kempwood #419 Houston, TX 77080	Payee address Amount (\$) \$20.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 1/29/02	Payee name Friends of Kyle Janek 3323 Richmond #C Houston, TX 77098	Payee address Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 1/29/02	Payee name Albertsons 12555 Briar Forest Houston, TX 77077	Payee address	Amount (\$) \$122.33
Purpose of expenditure (See instructions regarding type of information required.) Misc. campaign expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 1/31/02	Payee name Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079	Payee address	Amount (\$) \$9.08
Purpose of expenditure (See instructions regarding type of information required.) Payroll taxes		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 2/4/02	Payee name ROBWEC 5321 Dora Houston, TX 77005	Payee address	Amount (\$) \$300.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 2/4/02	Payee name Bay Area Republican Women c/o Cindy Renaudo 1322 Mabry Mill Houston, TX 77062	Payee address	Amount (\$) \$15.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 2/4/02	Payee name Kingwood Area Republican Women c/o Jan Pohler 2811 Valley Way Kingwood, TX 77239	Payee address	Amount (\$) \$15.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 2/4/02	Payee name Village Republican Women c/o Rajada Fleming 4515 Ivanhoe Houston, TX 77027-4807	Payee address	Amount (\$) \$20.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 2/4/02	Payee name Payee address Magic Circle Republican Women c/o Wendy Dear 1919 North Loop West Ste 490 Houston, TX 77008	Amount (\$) \$17.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 2/4/02	Payee name Payee address Harris County Medical Society- Southeast Branch 1515 Hermann Drive Houston, TX 77004-7126	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Membership fees		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 2/4/02	Payee name Payee address San Jacinto Club 3311 Richmond, Ste. 218 Houston, TX 77098	Amount (\$) \$1,000.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 2/11/02	Payee name Payee address Paychex 11777 Katy Freeway, Suite 200 Houston, TX 77079	Amount (\$) \$71.69
Purpose of expenditure (See instructions regarding type of information required.) Processing fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 2/13/02	Payee name Payee address TSU Relays 3100 Cleburne Ave. Houston, TX 77004	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Program ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 2/13/02	Payee name Payee address Hispanic Scholarship Committee PO Box 230209 Houston, TX 77223	Amount (\$) \$100.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 2/25/02	Payee name Walden & Associates 55 Waugh Drive, Ste 610 Houston, TX 77007	Payee address Amount (\$) \$3,879.26
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for 6 months of invitations, postage, courier service and misc. office expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 2/25/02	Payee name Quantum Consultants PO Box 2405 Houston, TX 77252-2405	Payee address Amount (\$) \$2,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 2/25/02	Payee name Dennis Calabrese 5100 Westheimer Suite 200 Houston, TX 77056	Payee address Amount (\$) \$2,500.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/5/02	Payee name AWRT PO Box 980908 Houston, TX 77098	Payee address Amount (\$) \$55.00
Purpose of expenditure (See instructions regarding type of information required.) Dinner dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/5/02	Payee name John Cornyn for Senate PO Box 13026 Austin, TX 78711	Payee address Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/5/02	Payee name Dina Mendoza 7118 Narcissus Houston, TX 77087	Payee address Amount (\$) \$250.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 3/7/02	Payee name Payee address Garnet Coleman Campaign PO Box 88140 Houston, TX 77288	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/7/02	Payee name Payee address Texans for Greg Abbott PO Box 308 Austin, Tx 78767-9950	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Contribution		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/7/02	Payee name Payee address Bay Area Republican Women 940 Plantation Drive League City, TX 77573	Amount (\$) \$10.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/27/02	Payee name Payee address Jewish Herald Voice PO Box 153 Houston, TX 77001-0153	Amount (\$) \$40.00
Purpose of expenditure (See instructions regarding type of information required.) Subscription		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/27/02	Payee name Payee address Friends for Scleroderma PO Box 941136 Houston, TX 77094-8136	Amount (\$) \$15.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 3/27/02	Payee name Payee address League of Women Voters 2650 Fountain View Suite 328 Houston, TX 77057	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 3/27/02	Payee name Fed Ex PO Box 1140 Memphis, TN 38101-1140	Payee address 	Amount (\$) \$30.08
Purpose of expenditure (See instructions regarding type of information required.) Shipping fees		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 3/27/02	Payee name Pachyderm Club 909 Texas St Unit 749 Houston, TX 77002-3186	Payee address 	Amount (\$) \$40.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 3/27/02	Payee name The Life Center 45 Neyland Houston, TX 77022	Payee address 	Amount (\$) \$50.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 4/10/02	Payee name Cheryl Felps 12850 Whittington DR #1309 Houston, TX 77077	Payee address 	Amount (\$) \$300.00
Purpose of expenditure (See instructions regarding type of information required.) Contract labor		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 4/15/02	Payee name MS 150 15818 Elk Park Lane Houston, TX 77062	Payee address 	Amount (\$) \$150.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

Date 4/15/02	Payee name Daughters of Liberty RWC 7902 Oakington Drive Houston, TX 77071	Payee address 	Amount (\$) \$75.00
Purpose of expenditure (See instructions regarding type of information required.) Judicial dinner tickets		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held	

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 4/16/02	Payee name Payee address City of Irvington 3900 Colorado Drive Irving, TX 75039	Amount (\$) \$285.00
Purpose of expenditure (See instructions regarding type of information required.) Transportation summit fee		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 4/16/02	Payee name Payee address Leadership Houston 3015 Richmond Ave Houston, TX 77098	Amount (\$) \$30.00
Purpose of expenditure (See instructions regarding type of information required.) Breakfast meeting expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 4/29/02	Payee name Payee address Czech Cultural Center 2315 Del Norte Houston, TX 77018-1018	Amount (\$) \$25.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 4/29/02	Payee name Payee address Candlelighters 8323 Southwest Freeway, Suite 435 Houston, TX 77074	Amount (\$) \$25.00
Purpose of expenditure (See instructions regarding type of information required.) Donation		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 4/29/02	Payee name Payee address Photos Unlimited 2400 S. Loop West, Suite 515 Houston, TX 77054	Amount (\$) \$75.00
Purpose of expenditure (See instructions regarding type of information required.) Photos		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 4/29/02	Payee name Payee address Walden & Associates 55 Waugh Drive, Ste 610 Houston, TX 77007	Amount (\$) \$10,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee for 2001 election		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 4/29/02	Payee name Payee address Walden & Associates 55 Waugh Drive, Ste 610 Houston, TX 77007	Amount (\$) \$5,000.00
Purpose of expenditure (See instructions regarding type of information required.) Consulting fee for 2002 debt-retirement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 4/30/02	Payee name Payee address Daughters of Liberty RWC 1201 Bering Drive #43 Houston, TX 77057	Amount (\$) \$20.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 5/6/02	Payee name Payee address Texas Printing 4715 Main Street Houston, TX 77002	Amount (\$) \$60.80
Purpose of expenditure (See instructions regarding type of information required.) Printing		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 5/8/02	Payee name Payee address Target 4325 San Felipe Houston, TX 77027	Amount (\$) \$48.18
Purpose of expenditure (See instructions regarding type of information required.) Misc. campaign expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 5/20/02	Payee name Payee address Shelley Sekula, MD, PA 17300 El Camino Real #103 Houston, TX 77058	Amount (\$) \$5,236.08
Purpose of expenditure (See instructions regarding type of information required.) Reimbursement for office rent and operating expenses		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 6/3/02	Payee name Payee address Womens Political Forum c/o Phyllis Spittler 5051 Westheimer, Suite 600 Houston, TX 77056	Amount (\$) \$25.00
Purpose of expenditure (See instructions regarding type of information required.) Luncheon expense		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

POLITICAL EXPENDITURES

SCHEDULE F

The Instruction Guide explains how to complete this form.		Total pages Schedule F: 9
FILER NAME: Shelley Sekula Gibbs, MD		ACCOUNT #: (Ethics Commission filers)

Date 6/24/02	Payee name Payee address Women Professionals in Government PO Box 1278 Houston, TX 77251-1278	Amount (\$) \$30.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 6/24/02	Payee name Payee address The Rusk Athletic Club 824 Yale Street Houston, TX 77007	Amount (\$) \$70.00
Purpose of expenditure (See instructions regarding type of information required.) Program ad		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 6/24/02	Payee name Payee address Greater Houston Pachyderm PO Box 22531 Houston, TX 77227	Amount (\$) \$18.00
Purpose of expenditure (See instructions regarding type of information required.) Membership dues		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held

Date 6/24/02	Payee name Payee address Jewish Herald Voice 3403 Audley Houston, TX 77098	Amount (\$) \$370.00
Purpose of expenditure (See instructions regarding type of information required.) Advertisement		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name / Office sought / held